



Therapy Team Agreement

Welcome to Healing Steps- Equine Centered Therapy LLC. We are thrilled that you have chosen to partner with us for your therapy needs. We believe that together we can take steps to improve lives. We feel a team approach is the best approach, meaning we expect the therapist, client, and family to work together.

We will work hard using our expertise to give you the tools and skills necessary to expand on your own skills, or assist your child/loved one with progressing to the best of their ability, using communication, handouts, exercise, activities and information. It is up to you to take this information and help yourself, child, or loved one.

Please read the following agreement and sign at the bottom to indicate you are a willing participant.

Scheduling: It is important that everyone arrive and be ready for their appointment unless prior arrangements have been made with your therapist.

THERE IS A \$50 CHARGE FOR MISSING A SCHEDULED APPOINTMENT OR FOR CANCELING AN APPOINTMENT WITHIN LESS THAN 24 HOURS OF THE APPOINTMENT TIME. THIS WILL BE ADDED TO YOUR BILL.

Cancelations: If a cancelation can't be avoided, either by patient or therapist, it is our expectation that every effort will be made to reschedule the appointment at a later time in the week in order to meet your plan of care. It is important to have consistency with your appointments and keep them when scheduled. Therefore, we required 75% attendance. If attendance falls below this level, your therapy may be placed on hold.

Inclement Weather Policy: If EITHER the Vancouver School District or Battle Ground School District, South Schools cancels school due to weather, we will be closed. If EITHER the Vancouver School District or the Battle Ground School District has a 2-hour weather delay, all 8am and 9am appointments will be canceled. We will make every effort to reschedule these appointments.

Home Program: You will be given tools and skills necessary for progression of the client. This may include readings, exercises, activities, equipment, recommendations for school and the community, or change in activity levels. We will work with you to set realistic and measurable goals. It is your job to work on this home program as prescribed to reach optimal progress. When either the goals have been met or we determine that the client is no longer progressing with therapy, you will be discharged from therapy.

Communication: We pride ourselves on our communication with you and your family regarding progress, goals, skills, and a home program. Please assist us with therapy by letting us know when doctor's appointments, procedures, or any change in status impact participation in therapy. Please communicate any questions or concerns with your therapist. We look forward to working together!

Patient/Caregiver Signature

Date